

# **Social media applications within the NHS: role and impact of organisational culture, information governance, and communications policy**

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We trust our staff with patients' lives, so why don't we trust them with social media?

*NHS Employers (2013, p. 9)*

Shouldn't we be managing the risks more effectively in order to allow learners the freedom to use IT resources to better effect?

*Prince et al. (2010, p. 437)*



# Overview

- Introduction and background
- Definitions
  - Content types
- Web application blocking: earlier findings
- Research questions and issues
- Methodology and methods
- Findings
  - Availability
  - Respondent perceptions
    - Risks
    - Benefits
  - General findings
- Questions

# Introduction and background

- LIS Manager in mental health NHS FT 2008-2012
- Variety of technological barriers / hindrances to information seeking, teaching and learning, clinical and management decision-making
  - ascribed variously to:
    - Information governance/ information security
    - IT infrastructure policies and practices
    - Communications policy
- Blocking of 'legitimate' websites
- Obstacles to use of particular content types and applications
- Social media / Web 2.0 a particular problem
- *Implications?*

## Web 2.0 and social media - definitions

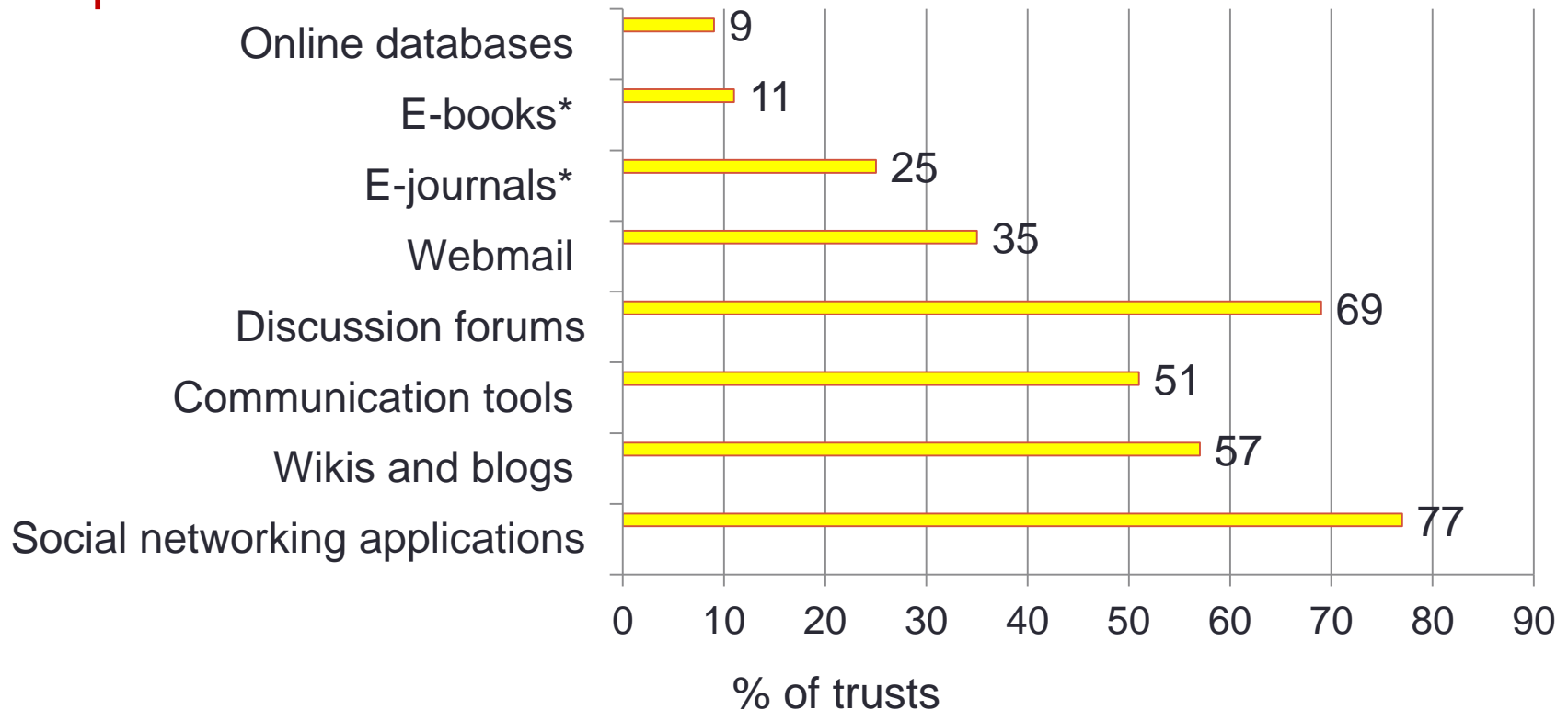
- **Web 2.0**
- Difficult to define – not just technologies – an approach – about *values*
- “A network platform through which end users interact with each other to generate and share information over the web” (Singh *et al.*, 2014)
- “A collection of web-based technologies ... where users actively participate in content creation and editing through open collaboration between members of communities of practice” (McGee & Begg, 2008)
- Inherently egalitarian and unstructured – cf. ‘traditional’ IT
- Require AJAX, Adobe Flash, RSS
- e.g. mashups, start pages, folksonomies, podcasting

# Web 2.0 and social media - definitions

- **Social media**
- Subset of Web 2.0 – applications allow the creation and exchange of user generated content (Kaplan & Haenlein 2010)
- Rapidly developing field
- “[involve] the explicit modeling of connections between people, forming a complex network of relations, which in turn enables and facilitates collaboration and collaborative filtering processes”
  - Enable users to see what other connected users are doing
  - Enable automated selection of “relevant” information
  - Enable reputation and trust management, accountability and quality control
  - Foster “viral” dissemination of information and applications
  - Provide “social” incentives to enter, update, and manage personal information (Eysenbach, 2008)

# Web application blocking

## Impacts



*SHALL IT subgroup survey of NHS librarians (2008)*

# Research questions / issues

- The nature and extent of restrictions on access to such applications within NHS organisations arising from organisational policies
- Their impacts on professional information seeking and sharing, and working practices in general
- The attitudes, professional norms, presuppositions and practices which bear on how social media policy is implemented within NHS trusts, in relation to overall organisational strategies

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- Rationales for restrictions
  - Differing stakeholder perspectives involved
  - Attitudes to / assumptions about (information governance, information security) risks and possible benefits
  - Level / nature of access to and use of social media for professional purposes by NHS staff



# Methodology and methods

## Exploratory case study

- Unit(s) of analysis
  - One or more NHS trusts of different types (DGH + community services, MH + community services, teaching hospital)
- Methods
  - Semi-structured interviews with key informants (10+ per trust)
    - selected via purposive / snowball sampling
    - representing a variety of perspectives:
      - Clinician education and staff development
      - Library and information
      - Communications
      - Information governance
      - IT management, esp. network security and PC support
      - Human resources
      - Workforce development

# Methodology and methods

## Exploratory case study

- Methods (cont'd)
  - Interviews with other key informants: NHS Evidence, medical school e-learning lead, secure web gateway vendor
    - Gained additional perspectives
  - Documentary analysis – selective / *ad hoc*
    - Background
    - Policies and strategies: IT, LIS, workforce development, information governance, Internet AUP
    - Codes and standards
    - Reports and reviews
    - Statements of values
    - Security device documentation
  - Thematic analysis using NVivo

# Availability: Web 2.0

	T1-DGH	T3-MH	T4-TH
Podcasts	<p>Trust starting to use podcasting on intranet</p> <p>Availability of external podcasts?</p>	<p>Sometimes unable to download from web / appear blocked owing to inadequate bandwidth – but podcast content planned for new trust intranet</p> <p>Podcasts produced internally for training purposes and used for PG medical education – but clinical tutor mentioned one being blocked</p>	<p>Podcasts created by speech and language therapists for ENT training</p> <p><i>Respondents unclear about availability of external podcasts</i></p>
File storage and sharing applications	Time quota set for use	<i>Not mentioned</i>	<p>Dropbox blocked</p> <p>Google Docs available</p>
Web conferencing	Skype blocked	<p>Skype blocked</p> <p>WebEx, GoToWebinar used within trust</p>	<i>Not mentioned</i>
Start pages / portals	<i>Not mentioned</i>	<i>Not mentioned</i>	<p>Accessible to users - library has several. Weebly formerly blocked</p>

**Classification:**  
Kaplan &  
Haenlein (2010)

Information  
School

# Availability: social media

	T1-DGH	T3-MH	T4-TH
<b>Blogs / Microblogs</b>	<p>Unable to access or create – prevents library using for current awareness purposes</p> <p>Time quota set for use of Twitter. Trust starting to use for corporate communications, but individual use not encouraged</p>	<p><i>Restrictions not mentioned on general blogs</i></p> <p>Twitter, Facebook: users and would-be bloggers should seek advice from Communications before using professionally</p>	<p>WordPress blogs formerly (maybe still) blocked</p> <p>Issuing of Twitter handles required permission from divisional director</p> <p>Twitter blocked by default</p>
<b>Collaborative projects</b>	<i>Restrictions not mentioned</i>	<i>Restrictions not mentioned</i>	<i>Restrictions not mentioned</i>
<b>Social networking services</b>	<p>Facebook: time quota set for use</p> <p>Originally blocked entirely following breach of confidentiality by clinical staff member</p> <p>LinkedIn and other 'professional' sites accessible</p>	<p>Facebook blocked</p> <p>LinkedIn and other 'professional' sites accessible</p>	<p>Access to Facebook etc. blocked on PCs but not on users' mobile devices – trust has a BYOD network and policy. Some staff approved to use social media for work purposes. LIS has Pinterest site – infographics</p>
<b>Content communities</b>	<p>Time quota set for use of SlideShare</p> <p>Prezi formerly blocked as presenting confidentiality risks – now has time quota set</p> <p>Time quota set for use of YouTube</p>	<p>SlideShare not mentioned</p> <p>Prezi - restrictions not mentioned – IT manager unsure of policy – Comms provides training on Prezi</p> <p>Specific permission required to access YouTube - NB bandwidth limitation statement in place – 10s pauses</p>	<p>Status of SlideShare unclear</p> <p>Prezi blocked</p> <p>YouTube reported by pharmacist as blocked but this denied by IT Manager</p>

**Classification:**  
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## Perceived risks / reasons for non-use

- Breaches of privacy
  - Sharing of images via smartphone and tablet cameras
- **Breaches of confidentiality**
  - Patient information
    - *T1 – breach of confidentiality by clinician – led to clampdown*
  - Corporate information
- **Failure to maintain appropriate professional boundaries**
  - Patients, carers, students
- Affecting reputation
  - Employing organisation, profession, individual / career
- Time-wasting / trivial / unproductive
- Lack of time
- Lack of encouragement, training and guidance

## Perceived benefits / existing uses

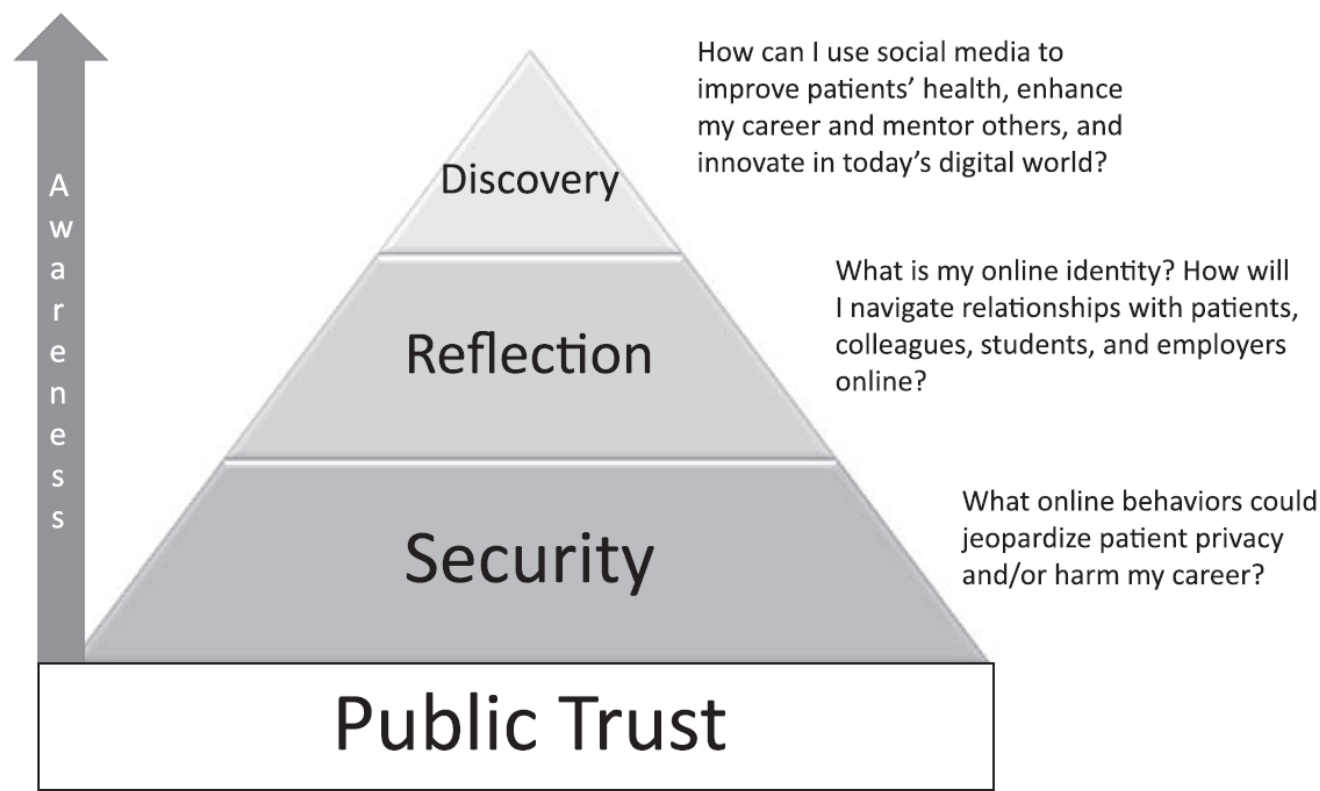
- Staff, patient, public engagement
- Professional networking and discussions
  - e.g. LinkedIn, Doctors.net.uk, Sermo, [#WeCommunities](#) on Twitter
- Research dissemination / current awareness
  - Library portals / RSS feeds, Twitter
- Teaching
  - Podcasts, YouTube videos
- Information sharing and collaboration
  - File storage and sharing applications e.g. Dropbox
  - Content communities e.g. Mendeley, SlideShare, Prezi
- Teaching / learning administration
  - e.g. Facebook

# General findings

- Often perceived as high-risk – especially by nurses – privacy and confidentiality concerns
- Sometimes felt to be suitable only for personal or recreational use (*cf. Ward et al., 2009*)
- Professional online forums favoured by AHPs – *e.g. iCSP*
- Big generational differences in use and expectations
- Gradual process of acceptance:
  - external drivers *e.g.* NHS Employers, professional bodies
  - starts with corporate use – T1
  - “gently washing in” – T3
  - tool for patient / public / staff engagement
  - availability of policies and guidance, *e.g.* NMC, GMC, HCPC, BASW
  - training in “e-professionalism”
- BYOD a facilitator – T4 – relates to mobile device use
- Educational usefulness of YouTube content increasingly recognised by IT departments

# Theoretical perspectives - 1

Chretien and Kind (2014) – hierarchy of needs (after Maslow)





# Theoretical perspectives - 1

Chretien and Kind (2014)

- Possible explanation – process analogous to Maslow's hierarchy of needs
- More basic levels of needs must be met before higher, aspirational levels can be fully attained
- Three levels: *security*, *reflection*, and *discovery*
- Reflection and discovery can start to take place once security is established
  - Organisation-wide
  - Professional groups
  - Individual clinician

# Theoretical perspectives - 2

- Vaast and Kaganer (Kaganer & Vaast, 2010; Vaast & Kaganer, 2013)
- Focus: emerging social representations of social media use held by organisational decision makers
- 25 private sector social media policies
  - Innovation theory
  - Theory of IT-culture conflict (Koch, Leidner & Gonzalez, 2013)
  - Social representations framework
    - Anchoring - incorporating the understanding of new phenomena within existing social representations
    - Objectification - process of forming new meanings of the phenomena

# Theoretical perspectives - 2

## Traditional IT decision-making

- Develop shared understanding
- Create organising vision for local innovation
- Generate local social representation
- Yes / no?
  - If yes, facilitate end-users' adoption and learning processes

## User-driven technologies

- Develop shared understanding
- Decide how to respond on behalf of organisation
- Develop ways to guide / direct end-users
  - What may / may not do with the technology
  - Whether (and if so, how) to adopt the technology officially

# Questions?

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